

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Women Speak Out PAC			FEC IDENTIFICATION NUMBER ▼ C C00530766		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Courtney Goldstein			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2014		
Mailing Address 1809 N Woodlawn			Amount 6.00		
City Metairie	State LA	Zip Code 70001	Transaction ID : 59512966-1bf6-46b9-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2014		
Purpose of Expenditure Mileage		Category/ Type 002			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Rebecca A Calvert			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 06 / 2014		
Mailing Address 20116 Medus St			Amount 12.50		
City Covington	State LA	Zip Code 70435	Transaction ID : 2b7688ee-a0a0-45fb-8 Date of Disbursement or Obligation MM / DD / YYYY 08 / 06 / 2014		
Purpose of Expenditure Salary		Category/ Type 001			
Name of Federal Candidate Ms. Mary L Landrieu			<input type="checkbox"/> Support <input type="checkbox"/> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Calendar Year-To-Date Per Election for Office Sought 554635.78			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			18.50		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan _____ Signature			[Electronically Filed] Date MM / DD / YYYY 05 / 14 / 2015		